



Comments of Access Living on Implementation of a Health Benefit Exchange  
For the Governor's Health Reform Implementation Council

Access Living is a nonprofit, nonresidential Center for Independent Living in Chicago, devoted to fostering independent lifestyles, supporting self-determination, and facilitating full community integration of people with disabilities in the Chicago metropolitan area. Governed and staffed by a majority of people with disabilities, Access Living strongly advocates for and promotes community-based, consumer-controlled services and programs and the right of people with disabilities to make their own decisions about quality-of-life issues, including health care.

Access Living has previously expressed a preference for the consumer-driven alternative under Section 1322 of the Affordable Care Act of nonprofit, consumer-operated health insurance cooperatives to serve the individual and small employer market. Run by consumer members and utilizing profits to confer benefits on members in the form of lower premiums and improved benefits, such cooperatives have a far greater potential to serve the health needs of people with disabilities than do for-profit insurance plans. However, given the inevitability of a Health Benefit Exchange in Illinois, Access Living makes the following recommendations:

1. An Exchange should follow the California model of an independent public entity within state government, the members of which are subject to ***strict conflict of interest provisions***. Those members, and their staff, should be precluded from serving in any capacity on behalf of a carrier or other insurer, an agent, a broker, a health provider, or a health care facility, program, plan, or clinic. The ban on such service should include service as an employee, a consultant, a member of the board of directors, a legislative representative, or any other affiliation.
2. An Exchange should provide ***comprehensive information*** about health plans ***in an easy-to-understand format***, meeting accessibility standards under the Americans with Disabilities Act, designed to enhance consumer choice. A good format would follow the California model of a website that provides:
  - Standardized comparison information on qualified health plans and options
  - Eligibility portals that help link individuals to specific health coverage options tailored to their needs
  - A cost-comparison calculator across all plan options
  - A toll-free consumer assistance hotline

3. An Exchange should provide ***additional information*** about providers that is ***meaningful to informed consumer choice***. For example, information could be provided in a “Consumer Reports” style concerning appointment wait times, available hours for exams, patient satisfaction, outcomes data, and access to specialists. Such information may have more meaning to consumers in choosing a plan than sophisticated actuarial data on ratings and so on.
4. The Exchange should ***monitor compliance with Affordable Care Act language prohibiting preexisting condition exclusions and with all federal and state laws and regulations***, including the Americans with Disabilities Act and its extension through Department of Justice and the U.S. Access Board regulations, guidelines, and standards, as well as the policies and procedures mandated by the U.S. Health Resources and Services Administration, <http://bphc.hrsa.gov/policy/>.